Form ME UC-1
(CSSF UPAF)
2026

MAINE DEPARTMENT OF **LABOR**

UNEMPLOYMENT CONTRIBUTIONS REPORT

QUARTER #

2006400 99

Name

Mailing Address

City	State	ZIP Code

UC Employer Account No:

Federal Employer ID No:

Quarterly Period Covered: 2026 - 2026

MM DD YYYY   MM DD YYYY

		1st Month	2nd Month	3rd Month
1.	For each month, enter the total of all full-time and part-time workers who worked during, or received pay reportable for unemployment insurance purposes, for the payroll period which includes the 12th of each month. If you had no employment in the payroll period, enter zero (0). 1.			
2.	Reserved ....2.			

3. Total unemployment contributions gross wages paid this quarter (from schedule 2, line 15) ....3. $ _____ . ___

4. EXCESS WAGES (SEE INSTRUCTIONS) ....4. $ _____ . ___
   NOTE: THE TAXABLE WAGE BASE IS $12,000 FOR EACH EMPLOYEE

5. Taxable wages paid in this quarter (line 3 minus line 4) ....5. $ _____ . ___

6a. UC contribution rate . ____   6b. UC contributions due (multiply line 5 by line 6a).. 6b. $ _____ . ___

7a. CSSF rate: **.0014**   7b. CSSF Assessment (multiply line 5 by line 7a)... 7b. $ _____ . ___

7c. UPAF rate: **.0017**   7d. UPAF Assessment (multiply line 5 by line 7c).... 7d. $ _____ . ___
    Note: The CSSF and UPAF assessment does not apply to direct reimbursable employers. See instructions.

~~Draft as of 11/24/2025 (subject to change)~~

8. Total contributions, CSSF and UPAF assessment due (add lines 6b, 7b, and 7d)............8. $ _____ . ___

Under penalties of perjury, I certify that the information contained on this return, report and attachment(s) is true and correct.

Signature: _____   Date: _____

Print Name: _____   Telephone: _____   Contact Person Email: _____

For Paid Preparers Only

Paid Preparer's Signature: _____   Date: ____   Telephone: _____

Firm's Name (or yours, if self-employed): _____   Paid Preparer EIN: _____

Address: _____   Maine Payroll Processor License Number: _____

2D Bar Code space

Maine Revenue Services processes returns on behalf of the
Maine Department of Labor — (207) 621-5120 or (844) 754-3508

If enclosing a check, make check payable to:
Treasurer, State of Maine
and MAIL WITH RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1065
AUGUSTA, ME 04332-1065

If not enclosing a check,
MAIL RETURN TO:
MAINE REVENUE SERVICES
P.O. BOX 1064
AUGUSTA, ME 04332-1064